PTO/SB/21 (09-04)

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| TRANSMITTAL FORM | | | | Application N | Number | 10/69 | 10/699,035 | | | | | |
| | | | | Filing Date | | Octol | October 31, 2003 | | | | | |
| | | | | First Named | Inventor | Bater | Bateman et al. | | | | | |
| | | | | Art Unit 1644 | | | | | | | | |
| (to be used for all correspondence after initial filing) | | | | Examiner Na | ame | Hadd | | | | | | |
| Total Number of Pages in This Submission | | | | Attorney Docket Number 071838.01 | | | | 2 | | | | |
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| ✓ Amendm | Amendment/Reply | | | Petition | | | | Appe (App | eal Communication to TC eal Notice, Brief, Reply Brief) | | | |
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| | | SIGNA. | TURE O | F APPLICA | NT, ATTO | RNEY, | OR A | GENT | | | | |
| Firm Name Baker Botts LLP | | | Customer No. 2100 | | | | | | | | | |
| Signature | Ki | u le | A. | Mar | n, | | | | | | | |
| Printed name Kimberley A. Gavin | | | | | | | | | | | | |
| Date 11/02/2006 | | | Reg. No. 51,723 | | | | | | | | | |
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| I hereby certify that sufficient postage the date shown be | as tirst c | rrespondence is be lass mail in an env | eing facsim elope addi | nile transmitted ressed to: Com | to the USPT imissioner fo | O or deport | osited w , P.O. B | vith the Ur | nited States Postal Service with Alexandria, VA 22313-1450 on | | | |
| Signature | | | | .,,,,, | | | | | | | | |
| Typed or printed name Kimberley A. Gav | | | avin | | | | | Date | 11/02/2006 | | | |

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| ! ! ! ! | | Application Number | | 10/699,035 | | | | | | | |
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| | L | Filing Date | | October 31, 2003 | | | | | | | |
| Effective 10/01 | | First Named Inventor | | Bateman et al. | | | | | | | |
| | | Examiner Name | | Haddad, M.M. | | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | Art Unit | | 1644 | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 180.00 | | | | Attorney Docket No. 0 | | | 07183 | 071838.0142 | | | |
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| Check Cre | 3. ADDITIONAL FEES | | | | | | | | | | |
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| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | - 1 | 2501 | | | | | | |
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| 1204 220 | 4 ** Reissue inde over original p | pendent claims patent | 1801 | | 2801 | | • | CFR 1.129(b) | ′ 1 | | |
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| **or number previou | sly paid, if greater; For Re | "Reauc | Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 180.00 | | | | | | 0 | | |
| SUBMITTED BY (Complete (if applicable)) | | | | | | | | | | | |
| Name (Print/Type) Kimberley A. Gavin | | | | Registration No. (Attorney/Agent) 51,723 Tele | | | | Telephone | 212 408 | -2529 | |
| Signature | | Date Date | | | | | 11/02/2006 | | | | |

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